

**SUPERIOR COURT, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
JUVENILE COURT**

☐ **INDIO** 46-200 Oasis St., Indio, CA 92201

☐ **RIVERSIDE** 9991 County Farm Road, Riverside, CA 92503

IN THE MATTER OF:

MINOR(S)

PARENT/GUARDIAN'S FINANCIAL STATEMENT AND NOTICE TO DEFENDANT

CASE NUMBER:

☐ **ELIGIBILITY FOR APPOINTMENT OF COUNSEL**

☐ **REIMBURSEMENT FOR COST OF COURT APPOINTED COUNSEL**

1. a. Parent/Guardian's name:
b. Other names used:

c. Address: (NUMBER) (STREET) (CITY)

d. Date of birth:
e. Telephone number:
f. Driver's license number:
g. Social Security No.:
2. I ☐ am ☐ am not ☐ married
3. Legal or "common law" husband or wife
a. Name:
b. Other names used:

c. Address: (NUMBER) (STREET) (CITY)

d. Date of birth:
e. Telephone number:
f. Driver's license number:
4. Parent/Guardian's Present Employment:
a. Occupation:
b. Name of Employer:
c. Address:
d. Gross pay per month: \$ week: \$ day: \$
e. Take home pay per month: \$ week: \$ day: \$
f. Name of union:
g. Name of credit union:
5. If you are not now working, state the name and address of your last employer and the last day you were employed.
a. Name:
b. Address:
c. Last date of employment:
6. Legal or "common law" husband or wife
a. Present Employment:
b. Occupation:
c. Name of employer:
d. Address:
e. Gross pay per month: \$ week: \$ day: \$
f. Take home pay per month: \$ week: \$ day: \$
g. Name of union:
h. Name of credit union:

WHITE-COURT COPY
CANARY-PROBATION/DPSS
PINK-DEFENSE COUNSEL COPY

7. If legal or "common law" husband or wife is not now working, state the name and address of his/her last employer and the last day he/she was employed.

- a. Name:
b. Address:

c. Last date of employment:

8. Your dependants (*people you support*)

Name	Address	Relationship	Age
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OTHER MONTHLY INCOME

9. Defendant		Legal or "common law" husband or wife
a. Unemployment and disability	\$	a. Unemployment and disability
b. Social Security	\$	b. Social Security
c. Welfare, AFDC	\$	c. Welfare, AFDC
d. Veteran's benefits	\$	d. Veteran's benefits
e. Worker's Compensation	\$	e. Worker's Compensation
f. Child support payments	\$	f. Child support payments
g. Spousal support payments	\$	g. Spousal support payments
h. All other income not elsewhere listed	\$	h. All other income not elsewhere listed
i. Food Stamps	\$	i. Food Stamps
TOTAL:	\$	TOTAL:

EXPENSES

10. Monthly expenses being paid by defendant alone or by defendant or legal or "common law" husband or wife.	
a. Rent/House pymt.	\$
b. Car pymt.	\$
c. Transportation pymt.	\$
d. Medical/Dental pymt.	\$
e. Loan pymt.	\$
f. Clothing/laundry	\$
g. Food	\$
h. Support pymt.	\$
i. Insurance pymt.	\$
j. Other pymt.	\$
(union, taxes, utilities)	\$
Total (a-j):	\$

11. Credit cards

Company	Card No.
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12. Installment payments, other than listed in item 10.

Name of Creditor	Monthly Payment	Balance Owed
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$
e.	\$	\$
Total:	\$	\$

ASSETS

13. What do you own? (*State value*)

- | | | |
|---|----|----|
| a. Cash | a. | \$ |
| b. Home equity | b. | \$ |
| c. Cars, other vehicles and boat equity
(List make, year and license number of each) | c. | \$ |

- | | | |
|--|----|----|
| d. Checking, savings and credit union accounts
(List name and account number of each) | d. | \$ |
|--|----|----|

- | | | |
|--|----|----|
| e. Other real estate equity | e. | \$ |
| f. Income tax refunds due | f. | \$ |
| g. Life Insurance Policies (Ordinary life-face value) | g. | \$ |
| h. Other personal property
(Jewelry, furniture, furs, stocks and bonds, etc.) | h. | \$ |

Length of ownership

Total: \$

14. **ELIGIBILITY FOR APPOINTMENT OF COUNSEL AND NOTICE TO PARENT/GUARDIAN:** If an attorney is appointed to represent you the court will, at the conclusion of the criminal or civil proceedings, after a hearing, make a determination of your ability to pay all or part of such cost. Such an order will have the same force and effect as a judgment on a civil action and will be subject to execution.

Notice Re Waiver of Counsel/Declaration of Parent/Guardian

I understand that if I do not provide the court with a financial form on the date of my request for counsel, I shall have given up my right to have legal counsel appointed at public expense. In that event, I further understand that I will have to provide a private attorney at my expense, or represent myself in this matter.

I declare under penalty of perjury that the foregoing is true and correct and that I understand the notice contained in item 14 and that this declaration was executed on

(date): _____ at (County) _____, California.

(SIGNATURE OF PARENT/GUARDIAN)